

**NYRLCA COUNTY OFFICER/COMMITTEEMAN EMERGENCY CONTACT FORM**

MEMBER NAME: \_\_\_\_\_

COUNTY OFFICER POSITION: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_